

MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS

APPLICATION FOR RENEWAL OF A CREMATORY PERMIT

PLEASE MAKE NON-REFUNDABLE CHECK PAYABLE TO THE BOARD OF MORTICIANS AND FUNERAL DIRECTORS
FAILURE TO RENEW LICENSE ON OR BEFORE OCTOBER 15th WILL RESULT IN A PENALTY FEE OF \$400

RETURN BY 09/15/2018

ORIGINAL LICENSE

RENEWAL FEE \$ **350.00**

EXP. DATE 09/30/2020

Permit number: CR _ _ _ _

SECTION I – GENERAL INFORMATION - This section must be completed in full.

A. Name of Crematory: _____

B. Federal Tax ID: -

C. Corporate Structure: _____

D. Address of Record: _____

E. Location of Crematory: _____

F. Crematory Phone Number: - -

G. Crematory Fax Number - -

H. Email Address: _____

SECTION II – BUSINESS STRUCTURE INFORMATION

I. Name of Owner/Owners: _____

J. Business Structure: _____

K. Officer Names:

President

Secretary

Vice President

Treasurer

SECTION III –LICENSING INFORMATION

L. Supervisory Crematory Operator: _____

M. REGISTERED CREMATORY OPERATORS EMPLOYED:

NAME

PERMIT NUMBER

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

N. Number of Human Cremators: _____ Number of Pet Cremators: _____

O. Manufacturer of Crematory Machine: _____

P. Manufacturer Last Inspection. Date: _____ Manufacturer Next Inspection. Date: _____
(Please include a copy of crematory certification)

Q. Viewing Room: Yes ☐ No ☐

R. Fire Department Occupancy number: _____

S. Name of Liability Insurance Carrier: _____

Applicant Signature

I certify that the above statements, to the best of my knowledge and belief are true, correct, and completed and made in good faith. I do solemnly swear that the crematory operated under this permit will be operated strictly in compliance with all laws, rules, and regulations of the Maryland Department of Health, the Maryland Board of Morticians and Funeral Directors, and the State of Maryland.

Applicant Signature

Date

Notice for Mailing List

The information collected on this application form is collected for the purposes of the Board's functions under Md. Health Occupations Code Annotated, Title 7. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by Federal and State law. Under the Maryland Public Information Act, Md. State Gov't Code Ann. §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.